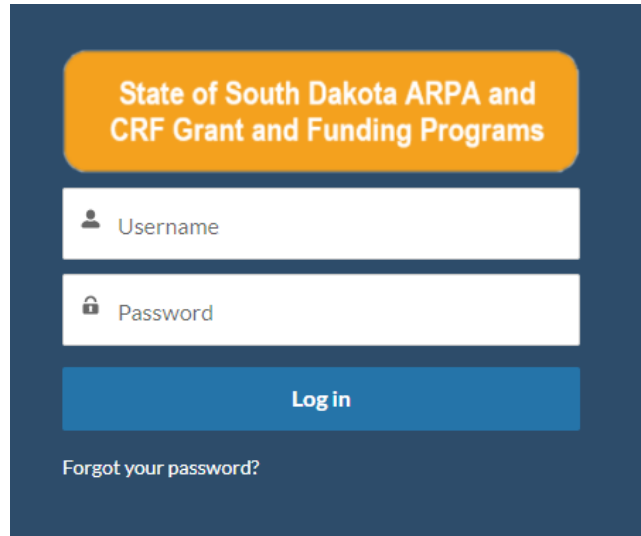


One-Time Funding for Home and Community-Based Services (HCBS) Providers (10% FMAP)

Overview of the Waiver and Reporting Processes

April 2022

Login to South Dakota Grants Portal



State of South Dakota ARPA and
CRF Grant and Funding Programs

Username

Password

Log in

Forgot your password?

Applicants go to this website to login:
<https://sdcovidhelp.force.com/Grants/s/login/>



COVID-19 in South Dakota

Assistance for Healthcare & Small Business

Click Here to navigate to the
reporting for your award or request a waiver for
your use of funds.

The application period is now closed. If you are a returning user you can check the status of your existing application(s) by selecting Applications across the top navigation bar and then selecting your application number.

On the home page,
applicants will click the
orange button to access
their application

Begin Waiver Request or Reporting

Reporting

- Select the **Conduct Reporting** button to enter financial information on expenditures from the one-time supplemental payment.

OPTIONAL: Request Waiver

- Select the **Request Waiver** button to request changes to the mandated allocation of funding provided.

One-Time Funding for HCBS Providers (10% FMAP) Application

Application Number SA-15538	Application Status Payment Processed	Application Created Date 4/28/2022, 7:15 PM
--------------------------------	---	--

1. Business Information
2. Eligibility Questions
3. Certifications and Authorizations

Submit

Please click here to report on the use of the one-time supplemental payment. Providers must complete reporting on funds usage by June 30, 2023.

Conduct Reporting

OPTIONAL - If you would like to request a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%), please click here to begin the process. Please submit requests for waivers by April 30, 2023.

Request Waiver



Reporting Process

Award Summary Description

These fields display the approved award amount and the required breakout of expenditures



Total Funds Awarded:	\$ 100,000	
Direct Workforce Awarded:	\$ 80,000	80%
Equipment & Supplies Awarded:	\$ 20,000	20%

These fields will appear only if a waiver has been requested and approved



Total Proposed Waiver Funds:	\$ 100,000	
Waiver Direct Workforce:	\$ 50,000	50%
Waiver Equipment & Supplies:	\$ 50,000	50%

Step 1: Conduct Reporting – Cost Categories

- Reporting is broken out into two tables: **Direct Care Workforce** and **Equipment and Supplies**. In the tables provided, expenditures should be reported against the appropriate cost categories.
- Enter figures in the **Funds Expended** fields
- Providers may record expenses in **all** cost categories but must record expenses **in at least one** cost category under Direct Care Workforce and **in at least one** sub-category under Equipment and Supplies.
- If you do not have a complete list of your expenditures, you can save your work with the **Save** button and return to finish your entries later.
- NOTE: Be sure to click the **Save** button after providing your entries in these tables.

Percentages are calculated based off the "Totals" amount at the bottom of the table

Please note that the rule on "Direct Care Workforce | One-Time Compensation Adjustments" sub-category has not changed and will not be waived.

Rule: No more than 55% of the total funds (payment) will be used for one-time compensation adjustments

DIRECT CARE WORKFORCE		
COST CATEGORY	FUNDS EXPENDED	% OF AMOUNT EXPENDED
Sick Leave	<input type="text" value="\$0.00"/>	0%
Recruitment Activities (Non-Compensation Adjustment)	<input type="text" value="\$1,000.00"/>	12.5%
Retention Activities (Non-Compensation Adjustment)	<input type="text" value="\$0.00"/>	0%
One-Time Compensation Adjustment	<input type="text" value="\$2,000.00"/>	25%
Family Leave	<input type="text" value="\$0.00"/>	0%
TOTALS:		<input type="text" value="\$8,000.00"/>
<input type="button" value="Save"/>		

Step 1 (Continued): Conduct Reporting – Cost Categories

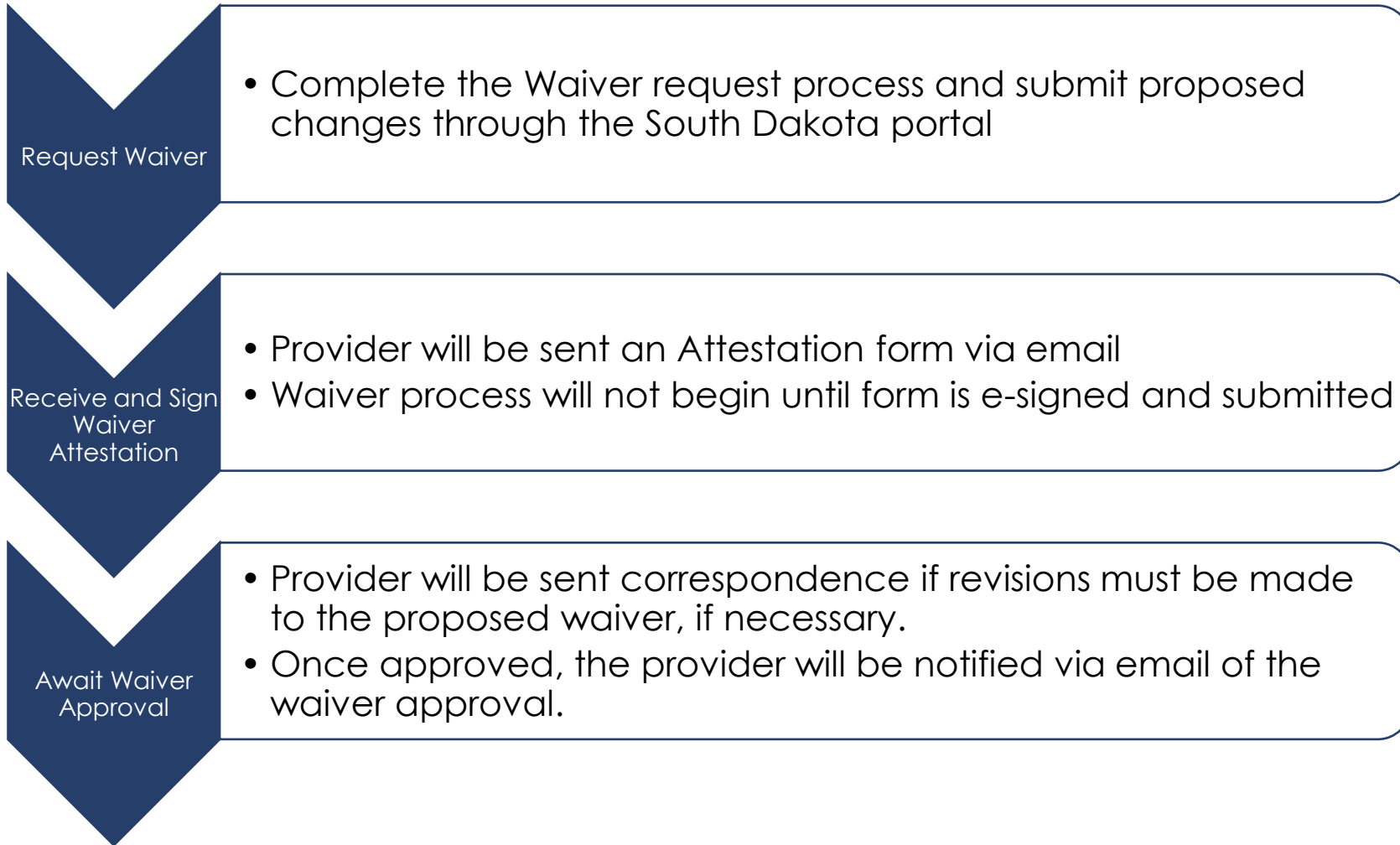
EQUIPMENT AND SUPPLIES		
COST CATEGORY	FUNDS EXPENDED	% OF AMOUNT EXPENDED
Testing Supplies	<input type="text" value="\$0.00"/>	%
Other	<input type="text" value="\$0.00"/>	%
Infection Control	<input type="text" value="\$0.00"/>	%
Telehealth Equipment	<input type="text" value="\$0.00"/>	%
COVID-19 Related Equipment	<input type="text" value="\$0.00"/>	%
Assistive Technology	<input type="text" value="\$0.00"/>	%
TOTALS:		
	<input type="text" value="\$0.00"/>	

Percentages are calculated based off the "Totals" amount at the bottom of the table



Waiver Request and Approval Process

Waiver Process



Step 1: Waiver – Begin Waiver Request

OPTIONAL: Request Waiver

- Select the **Request Waiver** button to request changes to the mandated allocation of funding provided.

One-Time Funding for HCBS Providers (10% FMAP) Application

Application Number SA-15538	Application Status Payment Processed	Application Created Date 4/28/2022, 7:15 PM
--------------------------------	---	--

[1. Business Information](#)
[2. Eligibility Questions](#)
[3. Certifications and Authorizations](#)
[Submit](#)

Please click here to report on the use of the one-time supplemental payment. Providers must complete reporting on funds usage by June 30, 2023.

[Conduct Reporting](#)

OPTIONAL - If you would like to request a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%), please click here to begin the process. Please submit requests for waivers by April 30, 2023.

[Request Waiver](#)

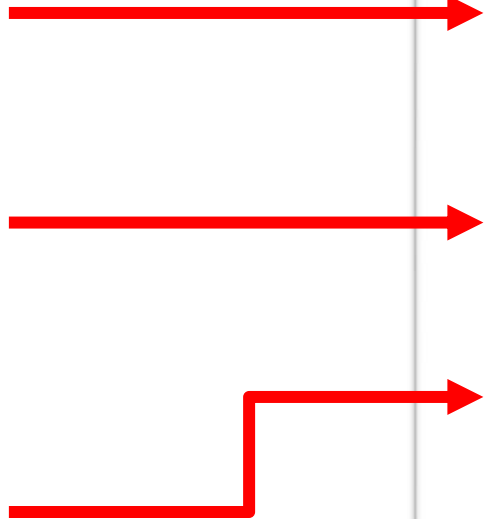
Step 2: Waiver – Revise Proposed Use of Funds

In the pop-up box that appears after selecting the **Request Waiver** button on the application page, enter the proposed revision to the funding expenditure categories required in the original application.

Amount of funding that was awarded from your application. Your entries in the text boxes must total this number

Amount of funding that you project to use on Direct Care Workforce related costs

Amount of funding that you project to use on Equipment and Supplies



Waiver Request

Total Funds Awarded: \$ 120,000

Proposed Use of Funds

Direct Care Workforce * Enter Proposed \$ Here

Complete this field.

Equipment and Supplies * Enter Proposed \$ Here

[Continue](#)

Step 3: Waiver – Justification and To Date Use of Funds

Next, the waiver request requires the applicant to provide a justification for their waiver, amounts of funding they have spent to date, and a certification that their entries are correct. Upon submission, the waiver will be submitted to the State for review and approval.

Explain reason(s) for waiver request

Amount of money expended **to date** of funding by category. If nothing has been spent, enter **0**

Certification of entered waiver information

Waiver Request

Total Funds Awarded	\$ 120,000	
Proposed Use of Funds	\$ Amount	%
Direct Care Workforce	\$60,000	50%
Equipment and Supplies	\$60,000	50%

Justification for Exception

In 2000 characters or less, please justify your request for a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%)

Complete this field.

To Date Use of Supplemental Funds

Today's Date April 27, 2022

Direct Care Workforce * \$ Spent To Date

Equipment and Supplies * \$ Spent To Date

☐

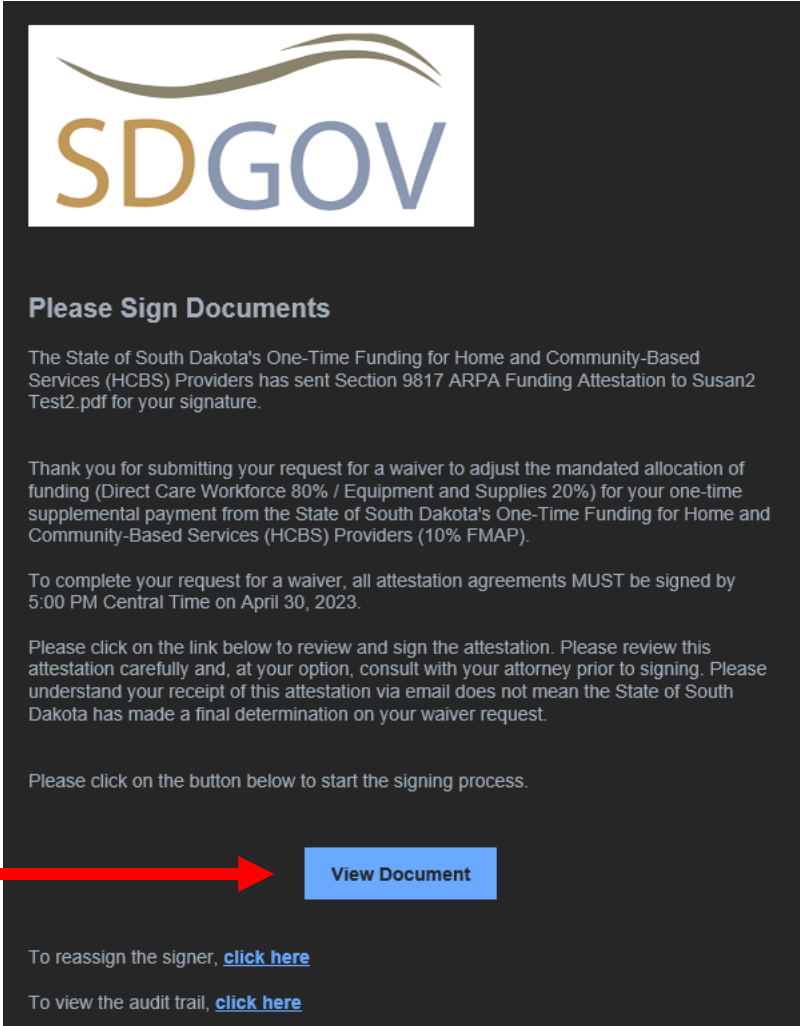
I certify that the information I have submitted above is true and accurate

Submit

Step 4: Waiver – Attestation Agreement E-Signature

In the email account associated with your application, you will receive and email requesting signature of your new Section 9817 ARPA Funding Attestation Agreement.

Select this button to
navigate to the signature
agreement



The screenshot shows an email interface with the SDGOV logo at the top. The main heading is "Please Sign Documents". The body text explains that the State of South Dakota's One-Time Funding for Home and Community-Based Services (HCBS) Providers has sent a Section 9817 ARPA Funding Attestation to Susan2 Test2.pdf for signature. It thanks the user for submitting a waiver request and provides details about the funding allocation. It also states that all attestation agreements must be signed by 5:00 PM Central Time on April 30, 2023. A red arrow points from the instruction box to the "View Document" button. At the bottom, there are links to "reassign the signer" and "view the audit trail".

SDGOV

Please Sign Documents

The State of South Dakota's One-Time Funding for Home and Community-Based Services (HCBS) Providers has sent Section 9817 ARPA Funding Attestation to Susan2 Test2.pdf for your signature.

Thank you for submitting your request for a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%) for your one-time supplemental payment from the State of South Dakota's One-Time Funding for Home and Community-Based Services (HCBS) Providers (10% FMAP).

To complete your request for a waiver, all attestation agreements MUST be signed by 5:00 PM Central Time on April 30, 2023.

Please click on the link below to review and sign the attestation. Please review this attestation carefully and, at your option, consult with your attorney prior to signing. Please understand your receipt of this attestation via email does not mean the State of South Dakota has made a final determination on your waiver request.

Please click on the button below to start the signing process.

[View Document](#)

To reassign the signer, [click here](#)

To view the audit trail, [click here](#)

Step 5: Waiver – Attestation Agreement E-Signature

In the generated Attestation Agreement page, follow the below steps to complete your e-signature.

1

- Select the 'I Agree' button to consent to the Electronic Record and Signature Disclosure

2

- Select the blue 'Signature' button to enter your name and initials for your e-signature

3

- Select the 'Complete Signing' button at the top of the page to submit the signature

The screenshot displays a web-based Attestation Agreement form. At the top right, there are two buttons: 'Cancel Transaction' and 'Complete Signing', with a red '3' and a red box highlighting the 'Complete Signing' button. The main body of the form contains numbered terms and conditions (3-11). Below these terms, there is a section for the user's signature with fields for 'Name' (Susan2 Test2), 'Title', 'Signature' (with a blue 'X Signature' button highlighted by a red box and a red '2'), and 'Date' (4/27/2022). At the bottom of the page, there is a blue bar with the text 'I have read, understand, and accept all the above terms and conditions.' and a red box highlighting an 'I Agree' button, with a red '1' next to it.

Step 6: Waiver – Review and Approval

- The State will contact the Provider if revisions to the proposed waiver are necessary.
- Once approved, the provider will be notified via email of the waiver approval.

Additional
Information &
Resources

A large, solid white triangle is positioned in the center of the image, pointing upwards. It is set against a dark blue background. The triangle's base is at the bottom, and its apex is near the top center. The text 'Additional Information & Resources' is located in the top-left corner of the image, in a white, sans-serif font.

Resources Available

Resources available:

1. Email: DSS.GRANTS@state.sd.us
2. Program communications: <https://dhs.sd.gov/budgetandfinance.aspx>
 - FAQ: <https://dhs.sd.gov/docs/HCBS%20FAQ.pdf>